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|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>320528005US |           |
| Application Number      10/062,830-Conf. #4350  |            | Filed      January 31, 2002             |           |
| For <b>METHOD AND SYSTEM OF DATA PACKET TRANSMISSION TIMING FOR CONTROLLING<br/>BANDWIDTH</b>   |            |   |           |
| Art Unit      2155  |            | Examiner      A. M. Nawaz               |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                 |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                    | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                   | \$ _____  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                   | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                   | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                  | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM.  |            |   |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> .                 |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,878</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |           |
| _____<br>Signature  |            | _____<br>August 1, 2007<br>Date         |           |
| _____<br>Chun M. Ng   |            | _____<br>(206) 359-8000                 |           |
| Typed or printed name   |            | Telephone Number                        |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |   |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |           |